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|   |  |                                  | Docket Number (Option 015280-377000US | nai)                 |  |  |
|---|--|----------------------------------|---------------------------------------|----------------------|--|--|
| In re Application of Douglas E. Brenneman et al.  |  |                                  |                                       |                      |  |  |
|   | Application Number 09/267,511 Filed March 12, 19   |                                  |                                       | )                    |  |  |
| •   | For PREVENTION OF FETAL ALCOHOL SYNDROME AND NEURONAL CELL DEATH WITH ADNF POLYPEPTIDES                                  |                                  |                                       |                      |  |  |
|   |  | kaminer                          |                                       |                      |  |  |
|   |  | naron L. Turner                  |                                       | H                    |  |  |
| This is a request under the provision reply in the above identified applications.   |  | extend the peri                  | od for filing a                       | 足                    |  |  |
| The requested extension and appropriate (check time period desired):  | opriate non-small-entity fe  | ee are as follows                | <b>3</b>                              | ECH CENTER 1600/2900 |  |  |
| ☐ One month (37 CFF   | ( 1.17(a)(1))  |                                  | \$                                    | R 1                  |  |  |
| ☐ Two months (37 CF   | R 1.17(a)(2))  | •                                | \$                                    | 300,                 |  |  |
|   | FR 1.17(a)(3))   | •                                | \$920                                 | /290                 |  |  |
| Four months (37 C   | FR 1.17(a)(4))   |                                  | \$                                    | 0                    |  |  |
| ☐ Five months (37 CF  | R 1.17(a)(5))  |                                  | \$                                    |                      |  |  |
| □ A check in the amount of the Payment by credit card. For the Commissioner has alrow application to a Deposit Act or Credit any overpayment I have enclosed a duplicated and the □ applicant/inventor. | orm PTO-2038 is attached<br>eady been authorized to d<br>count.<br>by authorized to charge a<br>, to Deposit Account Num | harge fees in th                 |                                       |                      |  |  |
| assignee of record of the   | ne entire interest. See 37   | CFR 3.71                         |                                       |                      |  |  |
| Statement under 37 (  | CFR 3.73(b) is enclosed.   | (Form PTO/SB/                    | 96).                                  |                      |  |  |
| attorney or agent of received.  | ord.   |                                  |                                       |                      |  |  |
| attorney or agent under   |  |                                  |                                       |                      |  |  |
| Registration number if a  | ting under 37 CFR 1.34(a).   | <u> </u>                         |                                       |                      |  |  |
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| Date  |  | Minus.                           | Signature                             | v.=-                 |  |  |
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

X \*Total of 1 forms are submitted.

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